

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO. 10/509120

FILING DATE

APPLICANT(S)

9-21-07

CLAIMS

AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT							
IND	DEP	IND	DEP	IND	DEP						
1											
2											
3											
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50											
TOTAL IND.		TOTAL DEP.		TOTAL CLAIMS							
2		21		23							

IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.		TOTAL DEP.		TOTAL CLAIMS	